

A.9.0

Forms

General

When a case is established using the CMS IT System, all forms completed by eligibility staff and/or the patient must be imaged and saved into the CMS IT System.

This section lists the forms and Notices of Action (NOA) used to process CMS applications.

A.9.1

Forms

Forms

FORM NUMBER	FORM TITLE
07-16 HHSA / 07-16 HHSA (SP)	Request for Withdrawal or Discontinuance of Benefits
07-21 HHSA / 07-21 HHSA (SP)	Employment Verification
07-27 DSS	Case Narrative
07-227 DSS / 07-227 DSS (SP)	Statement of Contribution & Declaration of a Loan/Gift
07-66 HHSA / 07-66 HHSA (SP)	Self Employment Income Statement
14-4 DSS	Medical Services Screening
14-08 DSS	Applicant Notice of Decentralization
14-10 HHSA	Transmittal of CMS/Medi-Cal Information
14-12 DSS	District Notice of Decentralization
16-42 HHSA / 16-42 HHSA (SP)	Sworn Statement
CW 60 / CW 60 (SP)	Release of Information – Financial Institution
DHS 6155	Health Insurance Questionnaire
HCPA: 14-187/HCPA: 14-187 (SP)	Authorization for Release of Information
HHSA: CMS-007/HHSA: CMS-007 (SP)	CMS General Property Limitations Notice
HHSA: CMS-2/HHSA: CMS-2(SP)	CMS SSI Advocacy Referral
HHSA: CMS-3	CMS Weekly Screening Log
HHSA: CMS-4	Registration Information
HHSA: CMS-5	Medi-Cal Referral
HHSA: CMS-7	Third Party Liability Report
HHSA: CMS-9	Sign-in Sheet
HHSA: CMS-13 / HHSA: CMS-13 (SP)	Affidavit Residence (Spanish on Reverse)
HHSA: CMS-14 / HHSA: CMS-14 (SP)	Rights of Applicants
HHSA: HCPA 14-187/HCPA 14-187 (SP)	Authorization for Release of Information

HHSA: CMS-15 / HHSA: CMS-15 (SP)	Responsibilities of Applicants
HHSA: CMS-16 / HHSA: CMS-16 (SP)	Verification Checklist
HHSA: CMS-17 / HHSA: CMS-17 (SP)	Provider Statement (Spanish on Reverse)
HHSA: CMS-21	Eligibility Narrative Checklist
HHSA: CMS-22 / HHSA: CMS 22 (SP)	Reminder Request for Verifications
HHSA: CMS-23 / HHSA: CMS-23 (SP)	Coverage Information
HHSA: CMS-26 / HHSA: CMS-26 (SP)	Decentralized Patient Letter
HHSA: CMS-29	Fraud Referral
HHSA: CMS-30 / HHSA: CMS-30 (SP)	Request For Information
HHSA: CMS-31 / HHSA: CMS-31 (SP)	Repayment Demand Letter
HHSA: CMS-34 / HHSA: CMS-34 (SP)	Informing Letter
HHSA: CMS-38	Income Work Sheet
HHSA: CMS-38H	Hardship Budget Work Sheet
HHSA: CMS-48	Clinic Screening Sheet
HHSA: CMS-59	Fraud Investigation Referral Narrative
HHSA: CMS-60	General Relief Log
HHSA: CMS-69	Health Insurance Questionnaire
HHSA: CMS-71	Urgent Eligibility Request
HHSA: CMS-74	Primary Care Services Transmittal
HHSA: CMS-80	Clinic Statistics
HHSA: CMS-86	Medi-Cal Recovery Project Referral
HHSA: CMS-87	Authorization For Release Of Medical Records
HHSA: CMS-94	Important Information For Veterans
HHSA: CMS-97	IDX Alert Referral
HHSA: CMS-99/HHSA: CMS-99 (SP)	Credit Check Authorization
HHSA: CMS-100 / HHSA: CMS-100 (SP)	Statement of Facts
HHSA: CMS-106/HHSA:	Agreement to Reimburse the

CMS-106 (SP)	County of San Diego
HHSA: CMS-107/HHSA: CMS-107 (SP)	Image Verification Checklist
HHSA: CMS-108	Share of Cost
HHSA: CMS-109/HHSA: CMS-109(SP)	Reimbursement Informing Notice
HHSA: CMS-111/HHSA: CMS-111 (SP)	CMS Share of Cost Process Information Sheet
HHSA: CMS-112/HHSA: CMS-112 (SP)	CMS Questions and Answers
HHSA: CMS-116	Overpayment Payment and Collection Letter
HHSA: CMS-117	Overpayment Collection Letter
HHSA: CMS-119	Referral to BRCTP
HHSA: CMS-120	Health Services Information for Native Americans
HHSA: CMS-122/HHSA: CMS-122 (SP)	CMS Grant of Lien
HHSA: CMS-123/HHSA: CMS-123 (SP)	CMS Lien Information
HHSA: CMS-123A	CMS Lien Acknowledgment Statement
HHSA: CMS-127/HHSA: CMS-127 (SP)	County Medical Services Medical/Dental Need Form
HHSA: CMS-129/HHSA: CMS: CMS-129 (SP)	Credit Report Discrepancy Notice
MC 176M and MC 176W	SOC Determination (CFBU) includes ABD Spouse or Parent)
MC 176P	Property Reserve Work Sheet
MC 210	Statement of Facts
None	Fair Hearing Decision

MPG Letter #666 (02/09)/MPG Letter #662 (02/09)

A.9.2

Notices of Action

Notices of Action

NOA NUMBER	NOA TITLE
HHSA: CMS-39 / HHSA: CMS-39 (SP)	Notice of Action
HHSA: CMS-39A / HHSA: CMS-39A (SP)	Notice Of Action (Approval)
HHSA: CMS-39D/HHSA: CMS-39D (SP)	Notice of Action (Denial)
HHSA: CMS-39P	Period of Ineligibility
HHSA: CMS-39S/HHSA: CMS-39S (SP)	Notice of Action (Share of Cost Change)

MPG Letter #662 (02/09)

APPENDIX 9A

COMPLETION INSTRUCTIONS FOR HHSA: CMS-4

**A.
Instructions**

Name	Print patient's name accurately and legibly. For legal residents, use the name that appears on their INS document. For others, use the name that appears on the ID they present. Treat hyphenated names as one name, e.g., Smith-Jones is one name beginning with "S".
Social Security Number	Enter the patient's Social Security Number.
Application Date	Enter the date the application was entered in the CMS IT System
Certification Period	If approved, enter the beginning and ending dates of the certification period.
Monthly Share of Cost Amount	Enter the monthly share of cost amount.
CMS Representative ID	Enter the HSS IDX ID code.
Date	Enter the date the form is completed
Entered By	For ASO use only. Initials of the Data Entry Clerk.
Date	For ASO use only. Date entered into IDX.
